



THE MEDICAL NEWS AND LIBRARY.

VOL. XXIII.

DECEMBER, 1865.

No. 276.

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JONES ON FUNCTIONAL NERVOUS DISORDERS,

16 PAGES.

CHOLERA.

[THE approach of cholera to our shores, and the reasonable apprehension that it may invade this country before next summer, render it important that the profession should be early apprised of every new mode of treatment suggested for the epidemic, and we shall therefore endeavour to lay before our readers at the earliest period an account of such measures as may be resorted to abroad, and which have any claims to have been beneficial. The only novelty of this character which has so far come under our notice is the following article by Dr. John Chapman. The readers of the *American Journal of the Medical Sciences* have been made acquainted with Dr. C.'s method of treating diseases by controlling the circulation in different parts of the body (see No. of that journal for Jan. 1864, p. 235 *et seq.*), and also with its application to the treatment of cholera (see same journal for Oct. 1865, p. 514 *et seq.*).

That the ice bag, applied to the spine, will effectually cure epidemic cholera, remains yet to be proved, but that this application exerts a powerful influence on the system we cannot entertain a doubt, and it seems to us to be well worthy of trial.]

Cholera at Southampton: Its Successful Treatment by Cold and Heat applied along the Spine. By JOHN CHAPMAN, M. D., M. R. C. P.

In the number of this journal published July 29, 1865, appeared an exposition of my views concerning the pathology and treatment of diarrhoea and cholera. Since that date I have been anxiously watching for opportunities to test the accuracy of those views by applying them in practice. I am now enabled to furnish reports of seven cases which have been treated by the method recommended in the paper above mentioned. Those reports, as will be seen, happily justify the anticipations which I had expressed. Patients in the state of complete collapse from cholera may now be

Published monthly by HENRY C. LEA, Philadelphia, for One Dollar a year; also, furnished GRATUITOUSLY to all subscribers of the "*American Journal of the Medical Sciences*," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.

* In no case is this periodical sent unless the subscription is paid in advance.

recovered with astonishing rapidity; while the subsequent congestions and fever may be controlled to an extent which will fill the physician with confidence in the power of the remedial agency at his command. That these statements are sober truths will, I believe, be held to be proved by the following reports of cases which were kindly placed in my hands for treatment either by Dr. Chessman or by Mr. Bencraft, Surgeon, of Southampton:—

Case 1.—Mrs. F., aged 29, eight months pregnant, living in one of the worst parts of Southampton, was first seen by me on October 4, 11.30 A.M. Has had diarrhoea about ten days. On the 2d inst., in the afternoon, felt faint, and at 7 P.M. took to her bed. Had previously begun to be purged "dreadful." Since then has been purged continually every ten minutes, or oftener. Cramps have occurred at intervals during the ten days, but on Monday night they became very bad, recurring continually; has not had five minutes' sleep at a time for them; skin cool, but not very cold. Ate an egg this morning, and, as her first act of vomiting, has just thrown it up. No headache, but very giddy; cannot stand one moment. Head decidedly cold; eyes deeply sunken; tongue cool. "Feels" (she says) "tight in the chest, and hot in myself." Very slight pain in the bowels; passes water. Pulse 108, thin, and very feeble. Applied ice at 11.45 A.M. along the whole spine, and ordered it to be removed at once if any hypogastric pain were experienced. 2.45 P.M.—Was soothed during the first forty minutes, then began to have pain in the region of the womb, but continued the ice; cramps much lessened, bowels moved but twice; has been sick twice; pulse 104. Continue the ice every other half-hour, and give beef-tea. 7.15 P.M.—Bowels moved twice; sick twice, but retained the beef-tea. Cramps have subsided, but still has pain in the hypogastric region and down the thighs; is very comfortably warm all over. To apply the ice only between the scapulae every other half-hour as before; to remove it at once if internal pain is induced. 11.15.—Has slept several times during the evening. Hypogastric pain continues; bowels moved once; sick twice; continue as before.

5th, 8.30 A.M.—Bowels moved twice; sick four times, twice provoked by medicine prescribed before I saw the patient, and

given without my knowledge. Pulse stronger; warm all over; no cramps. Still has dull pain in hypogastric and lumbar region; nothing, however, of the nature of spasms. Has retained her beef-tea, and says the ice comforts her. To reapply it along the whole back, until it melts, unless hypogastric pains increase. 5 P.M.—Is altogether better; pain lessened; no cramps; warm all over; bowels moved but once; stool decidedly fecal; has vomited a little after drinking; sleeps often, and feels rather heavy in the head.

7th, 9.30 A.M.—Used ice three times since last evening. Has been sick three times. The bowels have not been moved since yesterday morning. Still warm; no cramps; pulse 104; has eaten two eggs and some fish. To use ice only if coldness, cramps, sickness, or diarrhoea should recur. To eat anything she may fancy. 10 P.M.—Has been much better all day; neither sickness nor movement of the bowels. Is now asleep.

8th, 9 A.M.—In the middle of the night began to "wander," and got up. Does not answer questions coherently this morning. The eyes have a peculiar aspect, as if expressive of cerebral oppression. Head, chest, and extremities warm; pulse rather strong and rapid. Has been neither sick nor purged. Loud bronchial breathing, but no respiratory murmur at back of each lung; breathing rather laboured. I thought the breath had a diabetic smell. Still no movement of bowels. To discontinue the ice, and to apply heat between the scapulae, and to renew the warm water in the bag every hour. 4 P.M.—The heat gave immediate relief, both to the head and chest. In a few minutes after its first application she became quite coherent, broke out in a perspiration, and felt much better. Has had a long sleep—the longest since she has been ill. Says, "I'm wonderfully better; I only want a cup of tea to make me all right now." Still neither vomiting nor purging. To renew water-bag at intervals of ninety minutes.

9th, 9 A.M.—Feels a great deal better in herself; slept two or three hours; still no sickness and no movement of the bowels; passes urine freely; skin cool; pulse 112; tongue coated. To continue water bag once every two hours, and to have a saline mixture. 4 P.M.—Still better and stronger; has slept much; tongue cleaner; no sick-

ness; bowels still unmoved. Says she feels now that she only wants plenty of good food. On this occasion I ordered the water bag to be discontinued, and took my leave.

Comment.—As this woman is pregnant, peculiar care and patience were needed in her treatment by means of ice, otherwise a miscarriage must have been induced. Foreseeing before ice was first applied the danger of its prolonged use at one time, I ordered its removal at once if hypogastric pains were caused by it. It will be seen that my precautions were needful, but that by careful management such tolerance of the ice was ultimately established as to enable me to overcome all symptoms of her malady. The experience of the effects of the heat in restoring sanity, inducing sleep, causing perspiration, and relieving the lungs is not less striking and instructive.

Case 2.—Mrs. L., aged 29. First seen October 6, at 4 P. M. Began to have diarrhoea and vomiting at 6 A. M., stools being yellow. Cramps began at 10 A. M.; at 11 A. M. the skin became cold and discoloured. Symptoms gradually increased. At 4 P. M., when seen by myself, Mr. Bencraft, and Dr. Welsh, she exhibited the choleraic countenance in a very striking degree; eyes deeply sunken; lips blue; the whole surface of the body cold; cramps violent; rice-water purging and vomiting. Ice ordered to be applied continually. 10 P. M.—Decidedly improved. Markedly warmer; cramps and sickness much lessened. The cramps only recurred when the ice had melted and the bag had become warm.

October 7, 10 A. M.—Aspect and voice much improved; lips red; whole surface of body quite warm; pulse 100. Cramps only occurred once—when the bag had become warm. Bowels moved three times; vomited once. To continue ice as before. 8 P. M.—Body nice and warm. Pulse 94, fuller and stronger; slightly sick once; no cramps; bowels moved twice, the stools have a fecal smell. Very thirsty and weak; indisposed to take nourishment. Had some beef-teen and milk, and kept it. To apply ice till it melts, then omit it for half an hour, then repeat it in the same way.

8th, 10.30 A. M.—Has had rather a restless night, wanting sleep, and troubled with hicough. Warm all over. Pulse 90. No vomiting; bowels moved but once; no

cramps. To apply warm water bag along cervical and upper dorsal region, and to renew it every two hours. *R.*—Ferri et quinæ citratis, gr. v, ter die. 11 A. M.—Called again and found her asleep. 4 P. M.—Found she had slept about an hour—twenty minutes on three different occasions. Bowels moved once. To have tea and milk. 9 P. M.—Feels and looks much better; comfortably warm all over; pulse, as Mr. Bencraft said, "capital"—84; no vomiting or cramps throughout the day; bowels moved once. Enjoyed her tea, milk, and sago. The face is looking clearer. Now she expresses a fancy for food—viz., ham. To apply ice in lumbar region at 2 A. M. to-morrow.

9th, 11 A. M.—Ice was not applied as ordered. Has had a restless night, and between 4 and 6 A. M. had four motions, with copious amount of bile in them. Is generally warm; pulse 72. Complaints of headache if she rises up. Tongue rather darkly furred on dorsum, clean at edges. Has had neither sickness nor cramp. Has taken half a cup of tea with milk; could not swallow any meat. To apply ice in lumbar region thirty minutes every four hours; but if diarrhoea returns to apply it continually. 8 P. M. (report from Mr. Bencraft).—"Mrs. L. is doing well. Pulse 72. She is not so restless or feverish; has taken some tea with milk, two good cups of beef-teen, and a fruit tart which she fancied."

Comment.—It will be observed that on the night of October 8 I ordered ice to be applied at 2 o'clock the following morning, although both vomiting and purging had ceased. I did this because as patients are most frequently attacked with cholera early in the morning, so will they be most liable, as it seems to me, to relapse at that time. There being no ice in the house on the night in question, none was applied; and, as I anticipated, diarrhoea recurred. The power of the warm water bag in inducing sleep is exemplified in this case quite as strikingly as in the previous one.

Case 3.—Ellen S., aged 15, first seen October 6, 12 P. M. Began to menstruate five months ago. Of late years has had pretty good health, but has always been delicate in the chest; eight years ago had a severe attack of diarrhoea and "slow fever." This morning, at 7.30, had a stool, and complained of pains in her chest and stomach. She continued to be purged and

to vomit at times, and at 4 P. M. assumed the ghastly cholera aspect, and said she thought she was going to die. Since then the purging and vomiting have been almost incessant. She is very cold all over, the wrists and tongue especially so; the head alternately cold and hot. Pulse almost wholly imperceptible; cold perspirations; very bad cramps; rice-water stools. When first seen the peculiar choleraic countenance was more striking than I had seen before; it was appallingly deathlike. Had a bilious pill at 10.30, and pill of calomel and opium (gr. $\frac{1}{4}$ of the latter) at 11.30 A. M. I ordered ice to be applied to the whole spine every two and a half hours.

October 7, 9 A. M.—Is strikingly better; warm all over; tongue considerably warmer; pulse very distinct, 116; head comfortable; countenance immensely improved; no cramps at all. Has vomited but once. The feces, which are still passed under her, have a distinct fecal smell. Has had a cup of tea. Ordered to apply ice during an hour; then omit it half an hour; then resume it for the hour, and so continue. To have beef-tea as often as she can take it. 2 P. M.—Continues warm; tongue warm; no cramps. Has been sick once, at 9.30; not since. Bowels not moved since 11 A. M. Has dozed a little; no headache. Has had half a cup of beef-tea, and has kept it. 8.30 P. M.—Thinks she does not feel quite so well. Warm all over, except the feet; pulse 104; no cramps; sick once; bowels moved once; stool fecal. Has had two half-cups of beef-tea, and has kept them. Had the ice on every alternate hour. To continue the ice an hour, omit half an hour, and repeat continually in this way.

8th, 10 A. M.—Is still warm all over, especially the chest. Pulse 116. Has been sick and purged ten or twelve times during the night. The last stool was quite of the rice-water character, and contained a large round worm, which was dead. She complains of pain in the chest, and I cannot hear respiratory murmur at the lower part of the back of the lungs. Has recently slept about half an hour. To apply ice to lumbar region only, and continually. To apply warm water between scapulae every hour. 4 P. M.—Found her asleep. Feels easier in the chest; vomiting and purging much lessened; stools have strong fecal odour. Has had more beef-tea. Continue. 10 P. M.—Still better; has slept an hour;

pulse 100. Mr. Bencraft, who saw her with me, is struck with the improvement in her appearance. To use the ice as before, and the warm water every two hours.

9th, 10 A. M.—Has had rather a restless night, and complains of pain in the bowels. Pulse 92; breathes comfortably; sickness at intervals. To discontinue the application of the warm water bag, and to apply ice continually in lower dorsal and lumbar region only. 4 P. M. (Mr. Bencraft's report).—"Sickness lessened; bowels moved twice. Still restless and complaining of pain in the stomach." (Mr. Bencraft has kindly promised to keep a record of the further progress of the case.)

Comment.—As this patient has a weak chest, it was necessary to watch carefully the effects of the ice, and to apply it as the symptoms suggested. Hence it was that, although she had been much troubled with both sickness and vomiting during the night of the 7th, I, next morning, restricted the ice to the lumbar region, and ordered heat to be applied between the scapulae. It seems to me not improbable that in the preternaturally sensitive and excitable state of the bowels the dead worm which she passed caused the purging to recur. In this case, again, the warm water bag not only relieved the chest, but speedily induced sleep. I must warn physicians, however, that heat can only be thus used advantageously in cholera cases when great care is exercised, both in respect to the length of time it is applied and to the temperature of the water used, as heat, even between the scapulae, tends to prolong the sickness.

Case 4.—Mr. B., a strong man, accustomed to work at the docks, was attacked on the morning of October 8. I saw him with Mr. Bencraft in the evening of the same day, when he complained of incessant vomiting, purging and cramps, and evinced great anxiety and distress; but though the skin was rather cool, it was not cold; and as, therefore, no marked algid symptoms were developed, the case was not thought to exhibit the characteristic symptoms of cholera in a form so decided as to be a desirable one for testing the efficacy of my method of treatment. He was, therefore, treated by medicine only.

October 9, 11 A. M.—I was again requested to see the patient, the algid symptoms being now very marked. Indeed all the characteristic evidences of cholera were

present; but just before I reached the patient, Dr. Lake had applied an ice-bag along the spine. I did not see this patient again. Dr. Bullar, however, who called upon me the same day just as I was leaving Southampton, informed me that by twelve o'clock a favourable change in the patient was observable, and that he was already becoming warm; and I have since received a note from Mr. Bencraft, dated 9 P. M. the same evening in which he says: "B—— is much better, warm all over, a capital pulse, but still sick; no cramps."

Case 5.—Mrs. T., aged 42; first seen October 4, 11.30 A. M. Has been suffering from diarrhoea for several days. On the 29th ult. she suffered much from cramps. Yesterday she was very ill with diarrhoea, and this morning her bowels have been moved six or seven times. There is no fecal matter in the stools, which are wholly of the "rice-water" type. Complaints of giddiness and deafness. Skin generally cool; legs and feet cold. Ice was applied at once. 3 P. M.—Feels better, and has had but one motion. 7.30 P. M.—Has felt inclined to be sick, but was not so. Had two motions, but no longer of the "rice-water" kind. Has eaten fish, and kept it. To continue the ice. 11 P. M.—Head and upper extremities very warm; lower extremities cool; pulse 80, intermittent. Has vomited once, provoked to do so by medicine prescribed before I saw her, and which I did not intend her to take. Had one motion. To apply ice in the two lower segments of the bag only.

October 5, 8.30 A. M.—Is warm all over except the feet. Pulse 80, intermittent. Has not been sick; bowels moved three times, but the stools more substantial; feels weak; is taking ground rice boiled in water, grapes, and preserve. To apply ice every four hours until the ice melts on lower third of spine only.

6th and 7th.—This patient progressed satisfactorily, but during the night of the 7th no ice was used, and early the next morning she was purged three or four times.

8th, 12 A. M.—Has eaten an egg and had some milk; is fairly warm all over; no cramps, and the last stool recently passed is semi-solid. To continue ice, as last ordered, three times a day, and at 2 o'clock in the morning. R.—Ferri et quina citratis g. v. ter die.

9th, 9.30 A. M.—Has had a considerable amount of sleep, but about 2 A. M., before ice was applied as ordered, the patient was violently sick, and purged several times; no cramps; skin nicely warm; pulse 80; tongue thickly coated in parts, and beefy-red in others. Has had an egg and half a pint of new milk this morning. To continue the ice along the lower half of spine, and to take a saline mixture. 4 P. M.—Patient feels much better, and is in good spirits, both she and her husband believing that she will soon be well. Having given such general directions as I thought desirable, I took my final leave.

Comment.—The experience in this case again justifies the belief that the liability to relapse is greatest shortly after midnight, and that it is especially necessary to take precautions to avert this result by applying ice immediately after midnight at all events, until the patient is fairly out of danger. The more cholera is studied the more it will be found, I believe, that the violence of the disease is exhibited in different patients in different parts of the body; in one the skin exhibits the most marked symptoms, in another the voluntary muscles, in another the stomach, in another the bowels are seemingly the chief seats of the disease, while in hot climates the head is often so suddenly and powerfully affected as to result in death from coma almost immediately after the attack. The patient whose case has just been described has been a long sufferer from deficient and painful menstruation, and from coldness of feet—facts which denote that the lower half of the nervous centres along the back have long been in a state of chronic congestion. Hence it was to be expected, as experience has proved, that the choleraic attack would chiefly expend itself on the bowels and lower half of the body. For the first time during a long period the feet of this patient have become permanently warm.

Case 6.—Mrs. B., aged 64, widow, residing in one of the very worst parts of Southampton, began to be ill at 1 A. M. on the 2d inst. Was attacked with constant sickness and purging; became cold all over, with cold sweat-drops "as big as peas," and her skin assumed a purple hue; was troubled with cramps of the extremities, the fingers becoming quite stiff. The same evening (the 2d), Dr. Cheeseman wrapped

her in a wet sheet, which seemed to lessen somewhat the coldness of the surface and to refresh her.

She was seen by me for the first time on October 3, at 9 P. M., when Dr. Cheeseman kindly allowed me to treat her. At that time the vomiting, purging, and cramps, which had also invaded the chest and abdomen, persisted undiminished. The muscles of the extremities were hard, somewhat board-like, showing them to be in a state of tonic spasm. The head was alternately hot and cold. The upper part of the chest was decidedly cold; the precordia and epigastrium warm. Arms and legs cold, the wrists especially so. She complained much in her chest and head. No urine had been passed during the 2d and 3d inst. At 9.50 P. M. I applied ice along the whole spine. At 9.55 the hard muscles had become soft and flaccid. At 10 P. M. she fell asleep, and excepting an interval of ten or fifteen minutes, slept an hour and a half.

October 4, 1 A. M.—The upper part of the chest had become warm, and the extremities slightly warmer. Vomiting and purging lessened. 11 P. M.—Has vomited only eight times since last visit, and the bowels have been moved but four times, and not at all since 3 P. M. At 7 P. M. had become warm all over, and looks less distressed. The cramps have almost wholly ceased to trouble her. The bronchial tubes are much clogged with thick mucus, but the quantity expectorated is already lessened. Am now told for the first time that she began to menstruate this morning, although she only ceased a week ago.

5th, 5 P. M.—Complained of much pain of chest and "kidneys" during last night. Bowels have not been moved since 3 P. M. yesterday; has been sick six or seven times; ejects bile. The skin is warm all over. An ejection of beef-tea given to day has been retained. To apply ice between the scapulae and along the lower cervical vertebrae just sufficiently long to control the sickness; the legs, which have become cooler, to be kept warm by clothes and hot-water bottle.

Although the algid symptoms of this patient were completely overcome, and the diarrhoea had wholly ceased, and although the last stools which were passed were quite of a fecal character, and of considerable consistence, she ceased to improve, and finally sank in the evening of October 7.

She was an habitual drunkard, is said to have lived on drink during the week preceding her attack, obtained gin early in the morning of the 5th, 6th, and 7th, and during the whole of the 7th, until about 7 P. M., was destitute of food, or the means of getting beef-tea, fuel, and ice. On the evenings of the 5th and 6th, I supplied a small sum, directing beef-tea to be purchased, but I fear my little help was converted into gin. The nurse, who had been up several nights with her, whose apparent unremunerated devotion to her was a mystery to me, and who, no doubt, was wholly exhausted, was found by a physician lying drunk by the side of the patient. Of course, as there were no means of treatment in the house on the 7th, I avoided visiting the house until evening, when I found the patient in a dying state. I must add that before my treatment began, the patient had had opium and calomel; forty grains of the latter.

Case 7.—Mrs. D., aged 73, married. October 6, 10 A. M.—Began to be ill last night with vomiting and purging, fearful coldness, and cramps, and continued in that state until I saw her, when I ordered ice along the spine. 7 P. M.—Hands still cold; feet much warmer, also felt the warmth in the abdomen; has been purged twice and sick twice; has not had any more cramps. To continue the ice until quite warm all over.

7th, 9.30 A. M.—Has had five bags of ice since treatment began. Is warm all over; expression improved; has a little headache; has a little pain about the bowels, but no cramps; bowels moved three times since 7 P. M. yesterday, and has not been sick at all. Has had some beef-tea. To continue the ice every other hour. Food *ad libitum*.

8th, 11 A. M.—Thinks she feels a little better, but has been purged four times during the night, and is very weak; is fairly warm all over. To omit ice from upper cell of bag, continuing the application as before. To have some arrowroot. R.—Ferri et quinae citratæ, gr. v, ter die.

9th, 10 A. M.—I was told by her husband that she was dying; found her breathing with extreme labour; the inspirations were forced and deep; pulse at wrist feeble; aspect deathly; eyes dim. Applied ten-inch warm water bag; she revived considerably, began to breathe easier, swallowed a little brandy-and-water, was conscious, and answered questions by a laboured

monosyllable. Gave her a teaspoonful of brandy twice; ordered it to be repeated at the end of an hour, the water-bag being continued and renewed meanwhile. She sank, however, in the course of the day.

There is a sewer-grate close to the door of the patient's house, and the husband informed me that a short time since, when the attack from it was worse than usual, she said, "That sewer will kill me." A lady friend, who had taken an interest in them for years, told me that they had often been without food, and that frequently when Mrs. D. had visited her, and was given something to eat, she stealthily divided it, in order to take the half to her husband. It is obvious that her aged frame, already suffering from inadequate nourishment, had been too much shaken by the violence of the attack to live through the reaction following it.

In the report of Case 6 it is stated that the patient began to menstruate, although she had ceased to do so only a week before. The extraordinary power of ice, when applied along the spine, in increasing the circulation, even in parts of the body which have become more or less atrophied, was very unfortunately exemplified in the case of this old woman, aged 73, who began again to menstruate on the day of her death! It is not improbable that the revival of this long dormant function exercised a baneful constitutional effect, and contributed to hasten the fatal end. Several cases have come before me in which eminent physicians, who have been consulted as to the safety of applying ice along the spine, have expressed the opinion that, at all events, it can do no harm. They will, I hope, see in this fact how mistaken that opinion is, and with what extreme care this potent agent must be used.

My week's experience at Southampton leads me to offer the following suggestions to physicians about to treat cholera patients by modifying the temperature along the spine: 1. To apply ice along the whole spine until the algid symptoms are overcome. 2. As soon as they are overcome, to restrict the ice to the lower half of the spine, and to apply it there continuously until the vomiting and purging begin to subside. 3. Then, after each bag of ice has melted, to allow intervals—increasing in length as these symptoms decrease—before applying the next bag, and gradually to shorten the time of each application. 4. To

avert any threatened cerebral or pulmonary congestion by means of the double-columned water-bag. 5. And, if there be insomnia, to induce sleep also, by means of heat.

The last observation I have space for here is, perhaps, the most important of all. Algide symptoms are produced not merely by congestion of the sympathetic nervous centres, but by congestion of the lungs, which prevents the circulation and oxygenation of the blood. The presence of algide symptoms is not alone, therefore, a sure indication of the necessity of applying ice along the spine; for if those symptoms proceed from pulmonary congestion, ice will increase them, whereas heat between the scapulae will speedily restore heat to the whole body. The danger of mistaking the cause, and therefore the remedy, of coldness of the surface, is greatest in cases of cholera when the disease had advanced to its second stage.—*Med. Times and Gaz.*, Oct. 14, 1865.

Cholera in Europe.—Every foreign journal, whether French, Italian, or German, teems with communications concerning the cholera, and a panic may truly be said to prevail throughout the Continent. That there is ground for some alarm may be admitted from the number of deaths from this disease which have taken place at Marseilles, Toulon, and other French ports, and from the fact of numerous cases having appeared in Paris. At Toulon the deaths at one time rose as high as 68 per diem; and at Marseilles their total number from July 23 to October 1 amounted to 1679. The number is now diminishing rapidly, having gradually increased from the first week to the ninth, and then decreased as gradually. Thus, the deaths were 308 during the eighth week, 282 in the ninth, and 186 in the tenth. M. Maurin, in a communication to the Academy of Sciences, observes that premonitory diarrhoea was present in nine-tenths of the Marseilles cases, and that the symptoms did not succeed each other with the same rapidity as in former epidemics, thus allowing more time for treatment. Nearly every hospital in Paris has now received numerous cases, as many as from thirty to forty per diem being admitted into the Lariboisière, which is situated in the district where the disease is most prevalent. No accurate returns have been published,

but it is calculated that the number of deaths in all Paris does not at present exceed twenty-five per diem. The hospital physicians seem to be modifying their ideas concerning contagion, as all the cholera patients are treated in separate wards. The Administration has also ordered the immediate removal, cleaning, and disinfecting of the bedding used by the cholera patients, as well as the washing and fumigation of the personal clothing. There is nothing new at present to record in relation to treatment, if it is not the employment as a stimulant of the *elixir de la grande Chartreuse*, procurable only at 32 fr. the litre.—*Med. Times and Gaz.*, Oct. 14, 1865.

In the same journal from which the above extract is taken, of a later date (Oct. 28), it is stated that "During the last week the cholera has been on the increase in Paris, and has exceeded the formidable number of 800 deaths per diem, reckoning private and hospital patients. While at some hospitals a diminution in the number of admissions has been observed; in others these have increased, so that the St. Antoine and La Charité now receive more than the Hôtel-Dieu; but it is in private practice that the increase is chiefly observed; while many of the patients who were already in the various hospitals for other complaints prior to the outbreak have fallen victims to it. It has been noted that of 210 deaths occurring in a certain quarter of the town 90 of the individuals occupied the *rez de chaussée* (ground-floor), 43 of this number being *concièrges* (door-porters), and the remainder grocers, fruiterers, charcoal sellers, etc., pointing with evident demonstration to the effects of an insufficient supply of air and defective ventilation. According to a communication of M. Guyot, one in three of the patients received at the Hôtel-Dieu and the Lariboisière recover, some of the cases having reached a very advanced stage on their reception. At both these hospitals a favourite tienne for the purpose of inducing reaction is the rum tea, 125 parts of rum to 875 of tea, the *elixir de la Chartreuse* being also given with success. When there is much vomiting, ipecac. in doses of from ten to thirty grains is also given, and bismuth when the diarrhoea is persistent.

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International Cholera Congress.—The French Minister of Foreign Affairs, M.

Drouyn de L'Huys, has communicated an official note to the diplomatic agents of the various foreign governments, inviting a sanitary diplomatic conference on cholera to assemble in Constantinople. The object of this congress would be to investigate the primary cause of cholera, determine its principal points of departure, to study its characteristics and march, and to propose practical means for confining the disease and stifling it at its source. The British, Russian, and Spanish Governments have assented to the proposition.

The conference, it is to be hoped, will take place at an early day.

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Medical Victims to the Cholera.—M. Caciaguerra, a medical student attached to the St. Antoine Hospital, of Paris, caught the disease whilst attending cholera patients, and died very rapidly. Several other students are lying ill, stricken by the epidemic. We learn that M. Moquet, one of these excellent young men, has just died. The following medical practitioners have recently died at Ancona whilst attending cholera patients. We find the list in the *Imparziale*, of Florence; and hope, with the editor, that the Italian Government will not forget the widows and orphans. In fact, nothing less than great liberality towards the relicts and the children can be accepted by the medical body as a recognition of the heroism of these men. Drs. Jacobi, Persichetti, Stefanini, Bruscoli, Marchetti, Piccinini, Polloni, Corbisier, Pederzoli, and Bonetti.—*Lancet*, Oct. 28, 1865.

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Cholera in London.—The return of the Registrar-General for the week ending Saturday Oct. 28, shows an increase in the number of cases of diarrhoea, and few returns of cases of a true choleraic type. The average number of deaths for the week (43d of the year) is, with a correction for increase of population, 1,219. The actual number was 1,377, an excess of 158. 48 deaths were from diarrhoea and 4 from cholera. The Registrar-General remarks: "There is at the present time in London a greater amount of fatal diarrhoea than has usually been found to prevail at the end of October."

—
Cholera in Russia.—The Russian Journals announce that the epidemic is now advancing northward from the southern pro-

vinces of the empire, and that it has arrived at Berditchew in Russian Poland.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Auxiliary Faculty of Medicine in the University of Pennsylvania.—At the meeting of the Trustees of the University of Pennsylvania held on the 7th of November, the following gentlemen were elected to fill the chairs in the new faculty recently created by the munificent endowment of Prof. GEO. B. WOOD:—

1. Zoology and Comparative Anatomy, HARRISON ALLEN, M. D.
2. Botany, HORATIO C. WOOD, M. D.
3. Mineralogy and Geology, J. C. HAYDEN, M. D.
4. Hygiene, HENRY HARTSHORNE, M. D.
5. Medical Jurisprudence, including Toxicology, J. J. REESE, M. D.

Ohio Soldiers' Home.—The Hospital buildings near Columbus—known heretofore as "Tripler Hospital," having been some time since transferred to the State of Ohio as a home for indigent and disabled soldiers—was formally opened on the 15th of last month, with appropriate speeches, etc. Gov. Anderson and Gen. Cox, Governor Elect, addressed the assembly. We learn that the Institution goes into operation with fifteen disabled soldiers as inmates.—*Cincinnati Lancet and Observer*, Nov. 1865.

Southern Medical Journals.—We have received the prospectuses of three new medical journals which it is proposed to issue, commencing in January next.

The first is the *Savannah Journal of Medicine*, to be edited by Drs. J. Harris, Jas. B. Read, and J. G. Thomas.

The second, the *Richmond Journal of Medicine*, to be edited by Drs. E. S. Gaillard, and W. S. McCheaney.

The third, the *Medical and Surgical Monthly*, to be edited by Dr. F. A. Ramsey, and published at Memphis, Tenn.

OBITUARY RECORD.—Died, at New Orleans, on the 8th of September last, J. L. RIDDLE, M. D., Prof. of Chemistry in the University of Louisiana.

FOREIGN INTELLIGENCE.

The Epidemiological Society.—The opening meeting of the Epidemiological Society for the session 1865-66, on Monday next, will be of unusual interest. An address will be delivered by the President, Dr. Milroy. A paper also will be read, by Dr. Frederick J. Brown, on Epidemic Cerebrospinal Meningitis at Rochester.

Dr. Milroy's address, we understand, will be devoted principally to an account of the inception and progress of the present epidemic of cholera. The history of the outbreak is remarkable. Conclusions drawn from previous irruptions, and which appeared to have been firmly grounded, seem, by the mode of extension of the existing epidemic, to be at the best doubtful. An expression of opinion from our most distinguished geographical pathologist on the facts already ascertained regarding the epidemic now in progress, and on its further observation, will be of the highest value at the present time.

The title of Dr. Brown's paper conveys news of a painful description. It is the first announcement which has yet been made that the disease which prevailed so fatally about the Lower Vistula at the beginning of the year was present in England.

Medical Students in London.—The number this year, including those studying for the diploma in dentistry, is 1,016, an increase of 47 over last year.

Galactozyme.—This article is formed by the fermentation of milk by means of yeast, and is used by the inhabitants of the steppes of Russia as a sovereign cure for phthisis. The usual dose is half a tumblerful night and morning.

OBITUARY RECORD.—Died, in Paris, Oct. 1865, of cerebral apoplexy, Prof. J. F. MALGAIGNE, one of the most eminent, learned, and eloquent surgeons and teachers of the French capital.

—in London, Nov. 2d, age 66, JOHN LINDLEY, M. D., F. R. S., Prof Botany at University College, London.

—in Paris, of cholera, Dr. BREARD, aged 64 years.

NOTICE TO SUBSCRIBERS OF THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES, AND THE MEDICAL NEWS AND LIBRARY.

Notwithstanding the very heavy burdens imposed upon the publishing business by the existing condition of affairs, and the unexampled rise in prices, the publishers of the "AMERICAN JOURNAL OF THE MEDICAL SCIENCES" have felt a pride in carrying it through the troubles of the last five years without increasing its cost to their subscribers. While submitting to heavy sacrifices for this purpose, they have found it necessary to adopt the policy of requiring strict payment in advance. Being thus relieved from the accumulating pressure of unpaid subscriptions, they have been enabled to maintain the size and character of the "JOURNAL" without advancing its price, during a period in which the cost of its manufacture has been more than doubled. The appreciation of this course by the profession has been manifested by a larger accession of new subscribers during the year 1865 than during any previous year in the long career of the "JOURNAL;" and although a much larger edition was printed than for some time past, it has been completely exhausted, and for months they have been unable to furnish sets for the year.

It was hoped that with the return of peace a reduction in the cost of manufacture would have enabled the publisher to retain on the list for 1866 the names of subscribers who might not have remitted in advance; but the continued increase in the cost of materials and labor renders this impossible, and the practical approbation manifested by the profession of the policy pursued during the past year justifies the hope that its maintenance will be properly appreciated. For the year 1866, therefore, the "JOURNAL" will only be sent to those gentlemen who remit their subscriptions in advance.

For nearly half a century, the "AMERICAN JOURNAL OF THE MEDICAL SCIENCES" has been published at the very moderate price of FIVE DOLLARS per annum. The "MEDICAL NEWS AND LIBRARY" is also furnished *gratis* to subscribers, and the postage on both periodicals is prepaid. For the small sum of FIVE DOLLARS, therefore, the subscriber receives, free of expense at his post-office, about fifteen hundred large octavo pages, contributed by the leading minds of the profession. For cheapness, this is believed to be almost without parallel in scientific literature.

Subscribers may rely that no exertion will be spared by the editor or publisher to maintain the high character which the "JOURNAL" has enjoyed during its long career of usefulness, and to entitle it to be considered as a National Organ of the American Medical Profession, solely devoted to the advancement of scientific medicine. The hearty and liberal support which has been extended to it is gratefully acknowledged as a stimulus to render it worthy a continuance of favor. Identified as it has been with the professional advancement of the last half century, every effort will be made to keep it, as heretofore, on a level with the most advanced condition of medical progress, and to maintain its position as a medium of intercommunication between the profession of America and Europe.

The Library Department of the "MEDICAL NEWS" for 1866 will be occupied with the continuation and completion of Dr. C. HANDFIELD JONES' "CLINICAL OBSERVATIONS ON FUNCTIONAL NERVOUS DISORDERS," which has attracted so much attention and commendation during 1865. New subscribers who desire to have this work complete, can obtain the portion which has appeared during 1865, on remittance of One Dollar.

Anticipating a continuance of the flattering increase in the subscription list, preparations will be made for an enlarged edition of the "JOURNAL" for 1866. At the same time, gentlemen who desire to secure complete sets for the year, will do well to forward their subscriptions at an early day in order to avoid possible disappointment.

The safest mode of remittance is by postal money-order, drawn to the order of the undersigned. Where money-order post-offices are not accessible, remittances for the "JOURNAL" may be made at the risk of the publisher, by taking the postmaster's certificate of the inclosure and forwarding of the money.

Address, HENRY O. LEA,
Philadelphia, Pa.

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